



Individual Complaint Form

Date*: 05/13/2019

Complainant or Legal Representative Information: * Required Fields

Name * Charles Hawkins
Firm (if applicable) _____
Mailing Address * 28 Kavanagh Ct
City, State Zip * Greenville Sc 29611 Phone * 828-585-1388
E-mail Ccs_Hawkins@att.net

Name of Utility Involved in Complaint: * Duke Energy

Type of Complaint (check appropriate box below.) *

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Billing Error/Adjustments | <input type="checkbox"/> Deposits and Credit Establishment | <input type="checkbox"/> Wrong Rate | <input type="checkbox"/> Refusal to Connect Service |
| <input type="checkbox"/> Disconnection of Service | <input type="checkbox"/> Payment Arrangements | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Line Extension Issue |
| <input type="checkbox"/> Service Issue | <input type="checkbox"/> Meter Issue | | |
| <input checked="" type="checkbox"/> Other (be specific) _____ | | | |

Have you contacted the Office of Regulatory Staff (ORS)? * ☐ Yes ☐ No Name of ORS Contact: _____

Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if necessary.)

Duke Energy didn't give enough time to complete task that was give during conference call needed for LIHEAP program. Regulatory staff sent arrangements to Duke Energy at 12 pm on 05/13/2019 calling for disconnect on 05/13/2019 without verbal or written communication, so I can be aware of the arrangements or disconnecting date.

Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.)

Give enough time for LIHEAP program to assist with bill.

RECEIVED

MAY 15 2019

PSC SC
MAIL / DMS

****I GIVE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA PERMISSION TO PUBLISH THIS COMPLAINT AND ITS CONTENTS ON THE COMMISSION'S WEBSITE (dms.psc.sc.gov), AND I UNDERSTAND SUCH INFORMATION MAY BE SUBJECT TO PUBLIC SCRUTINY OR FURTHER RELEASE.**

Charles Hawkins

Complainant's Signature* (MUST BE SIGNED, DO NOT PRINT)

STATE OF SOUTH CAROLINA)
COUNTY OF _____)

VERIFICATION

I, Charles Hawkins verify that I have read my complaint filed on 05/13/2019
Complainant's Name * Date *

and know the contents thereof, and that said contents are true.

Charles Hawkins

Complainant's Signature * (MUST BE SIGNED, DO NOT PRINT)

Internal Use Only

Processed By	Date
H.E.	